

# GENERAL

## IDAHO EMS GUIDELINE



**DO NOT RESUSCITATE**

### INDICATIONS:

- Patient is in respiratory or cardiac arrest

**AND**

- Patient has an intact, original **DNR** order (or signed and dated photocopy of original), bracelet or necklace

**OR**

- Patient's physician has written a **DNR** order for this patient for this interfacility transport or a patient has a DNR order from another state.

### CONTRAINDICATIONS:

- The **comfort ONE/DNR** order has been revoked by the patient, legal surrogate, or attending physician.
- **comfort ONE/DNR** order (or photocopy of original, bracelet or necklace) is not physically present or has been defaced or destroyed.
- Family members vigorously and persistently insist on resuscitation.

1. Perform routine patient assessment, resuscitation, or other medical interventions until **comfort ONE** status is confirmed.
2. If unaltered **comfort ONE** order, photocopy, bracelet or necklace is found, obtain reasonable assurance that the patient is the person for whom the order was written.
3. If DNR status is confirmed: EMS PROVIDERS MAY PROVIDE COMFORT CARE
  - Open the airway
  - Suction the airway
  - Administer Oxygen
  - Position for Comfort
  - Provide Emotional Support
  - Control Bleeding
  - Apply Splints
  - Administer pain medication in accordance with scope of practice and local protocol.
4. If DNR status is confirmed: EMS PROVIDERS MAY NOT
  - Initiate CPR
  - Provide Ventilatory Assistance

The Idaho EMS Bureau has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the patient's clinical presentation and on authorized policies and guidelines.

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- Initiate Cardiac Monitoring
  - Defibrillate
  - Administer Resuscitative Medications
5. If resuscitative efforts have been started before learning of a valid **comfort ONE** DNR order, stop those resuscitative efforts.
  6. If it is determined the patient is not a **comfort ONE** DNR patient or does not have a DNR order from another state or a DNR order for this interfacility transfer, proceed with all resuscitative efforts within scope of practice. Contact medical control for any permission to discontinue.
  7. Revoking the **comfort ONE** DNR order may only be done by the patient, (regardless of mental status), legal surrogate, or attending physician, either verbally, or by removing the bracelet or necklace or destroying the original form and/or photocopy with patient. If revoked, perform full resuscitation.
  8. The DNR order may be disregarded only if there is a good faith belief the order has been revoked, to avoid confrontation or if ordered to do so by the attending physician.
  9. Complete the Idaho EMS Patient Care Report Form using applicable boxes. State in the narrative how the patient was identified, events occurring during the EMS run, any verbal attending physician orders and patient outcome.

**comfort ONE** **DNR ORDER**  
10500

**PATIENT INFORMATION**

Patient Name (print): \_\_\_\_\_ DOB: \_\_\_\_\_  
Signature: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_  
Address: \_\_\_\_\_  
Legal Surrogate Name (print): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Address: \_\_\_\_\_



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